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Approved for use through 1/31/2007. OMB 0951-0025.
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/001,643			ing Date 31/2001	To be Mailed
	Al	PPLICATION A	AS FILE		OTHER THAN SMALL ENTITY ☑ OR SMALL ENTITY							
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2: addit	the specification and drawing heets of paper, the application \$250 (\$125 for small entity) the dditional 50 sheets or fraction 5 U.S.C. 41(a)(1)(G) and 37 (6)			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If	the difference in col	umn 1 is less than	r "0" in colu		TOTAL]	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT												
AMENDMENT	06/17/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 28	Minus	** 38		= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1,16(h))	• 2	Minus	3		= 0		X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	••				x \$ =		OR	x s =	
	Independent (37 CFR 1/16(h))		Minus	***				X \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 30, enter "20". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For NT HIS SPACE is less than 3, enter "3". If the "Highest Number Pervolusy Paid For Num												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS